	Under the Paper	work Réduci	ion Act	of 1995 na m	ersons are	required to	U. S. Pa	tent ection	Appro and Tradema	ved for use the	rough I DEP	M31/3003	VSB/06 (08-0 OMB 0651-00 OF COMMERC
							ON RECO			pplication or			X
CLAIMS AS FILED - PART I									SMALL	ENTITY	OR	OTHER	
(Column 1) (Column 2) FOR NUMBER EXTRA											7	SMALL	<del></del>
					NOMBER EXICA				RATE	FEE		RATE	FEE
	BASIC FEE (17 CFR ). 16(a))								Ku	\$	OR		,नपुष्ट
	TOTAL CLAIMS (17CFR 1.14(e)) Surial			us 20 - 0 · 0			]	x \$		OR	x \$ =		
INDEPENDENT CLAIMS				) = 4 0 O				x		OR	х=		
MULTIPLE DEPENDENT CLAIM PRESENT . (2) CR (1949)											OR	+ =	
o If the difference in polumen 1 is less then earn, enter 👣 is column 2											OR	TOTAL	74000
12	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	ENTITY	OR	OTHER T	
AMENDMENT A	**************************************	CLAII REMAIN AFTE AMENDI	VING R		NU PREV	CHEST CHARLES CHOUSLY CO FOR	PRESENT EXTRA		x \$=	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE
NDN	Total (37 CFR 1.16(c))	• 5		Minus .	••		- 0			0		x \$=	()
AME	Independent (37 CFR 1.16(b))	• 3		Minus	•••	3	- 0			0		x	.6
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFX 1.1643)								+=		OR	+	7
7/	7/32/01/ (Column 1) (Column 2) (Column 3)								TOTAL DIT. FEE		OR A	TOTAL DDIT, FEE	0
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT			PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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⋖	FIRST PRESENTATION OF MULTIPLE DEP					CLAIM	(37 CFR 1.16(40))	11	=		OR	+=	
10	129/04 (Column 1)					(Columna 2) (Columna 3)			TOTAL DDIT. FEE		OR	TOTAL ODIT. FEE	()
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT			NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Z E	Independent (37 CFR 1.14(b))	• 2	2 Minus		***	3	= 0		x=		OR OR	×=	
τ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFX L14(d))										OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												7	

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Hinder Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the access of the individual case.

Any comments on the amount of time you are required to complete this forms should be to the Chief Information Officer. (N.2 Patent and Trademark Officer, Washington, DC 2023). DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Enterents, Washington, DC 20231.